certain vesicular productions in the broad ligament may take their rise from these remnants, so the author, as before remarked, has satisfied himself that the origin of some of the cysts of the spermatic cord may be traced to dilatation of the tubular elements of the "Corps Innominé" in the male.

The paper is illustrated by drawings, representing the objects in their natural size and situation, and also as seen under the microscope.—*Proceedings of Royal Society.*

2. *Normal Existence of Urea in Healthy Perspiration.*—FUNCKE confirms the normal existence of urea in considerable proportion in healthy cutaneous transpiration, a fact denied by Schottin.—*Moleschatt's Beiträge,* 1858.

3. *Accommodation of the Eye.*—GRAEFE describes a case of importance for the doctrine of accommodation—namely, a complete paralysis of all six muscles of the eyeball without diminution of the faculty of accommodation. In another case Gräefe observed a spasmodic condition of the apparatus of accommodation, finding it, after an injury to the eye, constantly in the state suited for near objects, with inability to see distinctly distant objects.—*Brit. and For. Med.-Chir. Rev.*, July, 1858, from *Gräefe's Archiv.*, vol. ii.

4. *Physiology of the Nervous System.*—Dr. ALEX. HENRY, in his abstract of the lectures recently delivered by Dr. BROWN-SEQUARD on the physiology of the nervous system, gives the following general recapitulation of the main object which the author desired to prove:—

1. The gray matter of the cord is the principal channel by which sensitive impressions are conveyed to the brain.

2. The anterior columns have a share in the transmission of sensitive impressions.

3. Injury of one lateral half of the cerebro-spinal axis produces certain well-marked features, according to the following table:—

a. Injury of the brain produces—

On same side.	*On opposite side.*
Anæsthesia.	Normal sensation.
Paralysis.	Normal motor power.
Increased temperature.	Normal heat.

b. Injury at any point from the tubercula quadrigemina to the medulla oblongata above the decussation in the pyramids produces—

On same side.	*On opposite side.*
Anæsthesia.	Hyperæsthesia.
Paralysis.	No paralysis.
Diminished temperature.	Increased temperature.

c. Injury of the medulla oblongata at the crossing in the pyramids produces paralysis of motion on both sides; otherwise the symptoms are the same as in *b*, when the pons Varolii is injured.

d. Injury of the spinal cord on one side produces—

On same side.	*On opposite side.*
Anæsthesia.	Hyperæsthesia.
No paralysis.	Paralysis.
Diminished temperature.	Increased temperature.

Anæsthesia and diminished temperature almost always accompany each other; but an exception is observed in Class *a*—injury of the brain proper. This may possibly be explained by the fact that the nerves with which the bloodvessels are supplied decussate in the cerebro-spinal axis at a higher point than the ordinary sensitive nerves—apparently above the corpora quadrigemina. Hence, if the brain proper be divided on one side, dilatation of the bloodvessels on the opposite side will be produced. The occurrence of increased temperature on the paralyzed side in injuries of the brain has frequently escaped notice;

although Cheyne, Portal, Morgagni, and others, observed it. Though frequent, it can scarcely be said, as far as has been ascertained, to be a constant phenomenon.—*British Med. Journal*, July 10, 1858.

5. *Investigations respecting the Development of Teeth.*—At a meeting of the French Academy of Sciences, M. GUILLOT read a paper on the above subject. I have been led, says the author, to explain the origin of the teeth in a novel manner, from examining very early embryos of the human and sheep kind, of less than two months, as also from observations made upon fish. I have discovered an organic substance, in the centre of which the first traces of the teeth may be observed; this substance, being intended for genesis and protection, disappears when this twofold function is performed. By the transformation of the molecules, by which it is composed, it successively produces the ivory, enamel, and cementum. The appearance of this substance varies with the age of the subject; it is at first composed of irregular nucleated cells; at that period, the ivory and the enamel begin to be formed, though not yet solid; it afterwards becomes fibrous, by the stretching of the cells, when it brings forth the dental sac and the cementum. The first rudiments of the teeth resemble diminutive spheres, made up of myriads of cells. Those which are most easily discovered belong to the deciduous teeth; towards the third or fourth month, the gums of the permanent teeth are easily perceived in the human subject. In this primitive state, no sack or envelop confines these spherical bodies. Three divisions or partings take place in the interior of these spheroids before they become solidified. One is central, and eventually gives rise to the ivory; the second produces the enamel; and the most external division, the one where the dental sac has been formed, produces the cementum. These changes are the same for the deciduous and permanent teeth. The latter could never emerge from the capsules, which form a close receptacle for them, if a portion of the walls forming these capsules did not disappear, to allow the crown to press forward. This disappearance, which depends on a kind of absorption which the bony cells undergo, can also be observed in the osseous capsules which fix the deciduous teeth. But although, in several places, the jaws decrease in size, and lose the substance of which they are composed, these same jaws increase on other places, stretch out and make the room necessary for the growing teeth. This double molecular movement goes on until the face has attained its greatest development.—*Lancet*, Aug. 21.

6. *Absence of the Left Kidney.*—Prof. FÖRSTER relates (*Virchow's Archiv.*, March, 1858) the following example of this. The malformation was found in the body of a boy stillborn at the seventh or eighth month, brought to me from the Lying-in Hospital on the 18th of June, 1857, which exhibited no other anatomical abnormity. The left kidney, with the ureter belonging to it, was entirely absent; the place where the kidney should have lain was occupied exclusively by the intestine, the left supra-renal capsule was in its proper position, and exhibited no change, except that it was larger than the right. The right kidney occupied its normal situation, and appeared rather larger than usual, the calyx and pelvis being somewhat enlarged, in other respects its structure was exactly that of a single kidney. Nor did any trace of the fusion of two kidneys exist; the right ureter was greatly enlarged, ran in a winding course behind the lower extremity of the colon, which was filled with meconium, and opened on the left side into the bladder, exactly in the place where, in the normal condition, the left ureter usually comes down; the caliber of the ureter at this point was very narrow, and would admit of the introduction of only very fine probes; by this circumstance, but still more by the pressure which the colon must have exercised on the ureter, the dilatation of the latter was accounted for. The urinary bladder was considerably distended with urine, which, on pressing the bladder, very readily flowed from the normal urethra; where the right ureter should normally have entered the bladder, there was no trace of it. The testicles still lay within the abdominal cavity, but were very near the entrance into the inguinal canal.

Absence of one kidney, and of the ureter belonging to it, is a malformation